

FORM B10 (Official Form 10) (9/97)

*FOR CHAPTER 13 ONLY: FILE IN DUPLICATE WITH CLERK. IN TRIPPLICATE FOR DATE-STAMPED COPY, SEE #9 BELOW

United States Bankruptcy Court District of Maryland, Greenbelt Division		— Ch 7 <input checked="" type="checkbox"/> Ch 13 <input type="checkbox"/> Ch 11 PLEASE CHECK CHAPTER		
Name of Debtor Ganiat A. Aiyegeoro		Case Number 08-22050-TJC	PROOF OF CLAIM	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Wells Fargo Bank, N.A. successor by merger to Wells Fargo Home Mortgage, Inc.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and Address Where Notices Should be Sent Wells Fargo Bank, N.A. 1 Home Campus Des Moines, IA 50328 Telephone No. (803)396-6000		Creditor # _____ THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor: 0051316883		Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____		
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a)		<input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. DATE DEBT WAS INCURRED: February 28, 2005		3. IF COURT JUDGMENT, DATE OBTAINED:		
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		\$ 447,675.37 as of the September 19, 2008 Filing date.		
5. Secured claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral: \$ _____		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,800+ of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. §507(a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <i>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY		
8. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. ANY ATTACHMENT MUST BE 8-1/2" BY 11"				
9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.				
Date: 09/30/2008	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Wells Fargo Bank, N.A. By: /s/ Brian S. McNair, Its Attorney			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.				

Debtor: Ganiat A. Aiyegeoro

CASE NO. 08-22050-TJC

I. Pre-Petition Arrearages:

3 Monthly payments (07/2008 - 09/2008)	@ \$2,902.54	\$8,707.62
Accrued Late charges (07/2008 - 09/2008)		\$306.39
Escrow Shortage		\$3,173.51
Total		\$12,187.52

The parties are advised that fees for preparation of a Proof of Claim, review of Chapter 13 Plan and representation in a case prior to the confirmation of the case are considered a post-petition expense and, therefore, not reflected above. Fees vary and often can range from \$150.00 to \$250.00. Updated figures may be obtained upon request of Counsel.

II. 11 U.S.C. Section 1325(a)(4) Test:

The creditor advises Counsel for the Debtor and Trustee that the payoff balance on the Deed of Trust Note as of the September 19, 2008 filing date was \$ 447,675.37.

cc: Jonathan P. Morgan, Esquire
Nancy L. Spencer Grigsby, Trustee